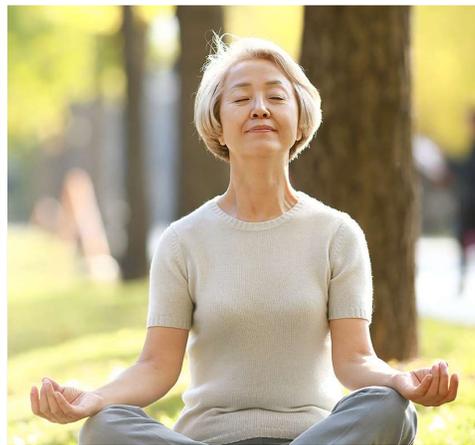


State of Delaware Pensioners | October 2022

Welcome to your new Medicare Advantage plan from Highmark



Agenda



Today we're going to discuss:

- How Freedom Blue PPO Works
- Plan Benefit Highlights
- Concierge Member Service Team
- Open Enrollment

How Freedom Blue PPO works.



2023 State of Delaware Medicare Coverage

Medicare Part A

- Inpatient hospital care
- Skilled nursing care
- Home health
- Hospice

Medicare Part B

- Doctor visits and preventive care
- Testing and lab
- Ambulance and outpatient services
- Durable medical equipment



Highmark Special Medicfill



Freedom Blue Medicare Advantage PPO

*Combines all the All the benefits Medicare Original Medicare
+ coverage of the Highmark Special Medicfill plan*



SilverScript Part D (required in 2023)

How does your State of Delaware Freedom Blue Medicare Advantage PPO plan work

- This is a custom Medicare Advantage plan **ONLY available** to State of Delaware pensioners
- The **Freedom Blue Medicare Advantage** plan assumes responsibility to provide ALL benefits of Original Medicare Parts A (Hospital) and Part B (Outpatient) benefits
- The plan combines all original Medicare benefits plus additional coverage provided by the **Specific Medicfill** plan into one plan
- For all covered medical benefits within the United States, members have **100% coverage** when seeking care from contracted “**In Network**” as well as non-contracted “**Out of Network**” providers anywhere within the US

How does your State of Delaware Freedom Blue Medicare Advantage PPO plan work

- Members can reside and seek care **anywhere in the US**
- Members must continue enrollment in both **Medicare Part A & Part B** and continue to pay monthly **Medicare Part B premiums**

Beginning January 1st

- You will no longer use your Original Medicare (red, white, and blue) card when seeking any medical service – only your Highmark **Freedom Blue Medicare Advantage PPO ID card**
- Providers should submit all medical claims to Highmark (or the local BCBS provider when out of state) and **NOT** to Medicare
- Members will receive one Explanation Of Benefits (EOB) from Highmark for all medical claims

Let's look at your Highmark Medicare benefits.



Benefit Design Summary

| Plan Wide Cost Sharing | Freedom Blue PPO Member Pays (In Network and Out of Network) |
|---|---|
| Deductible | \$0 |
| Member Out of Pocket Maximum <i>Applies to Part A, Part B, and outpatient professional services outside of the United States. Excludes Private Duty Nursing cost sharing.</i> | \$1,000 (Combined INN & OON) |

Highmark Medical Benefits

Benefit Design

| Medical Benefits | Freedom Blue PPO Member Pays (In Network and Out of Network) |
|--|---|
| PCP Office Visit | \$0 |
| Specialist Office Visit | \$0 |
| Therapies (Speech, Physical, Occupational) | \$0 |
| Inpatient Hospital | \$0 |
| Skilled Nursing Facility (up to 100 days per benefit period) | \$0 |

Benefit Design

| Medical Benefits | Freedom Blue PPO Member Pays (In Network and Out of Network) |
|---|---|
| Outpatient Surgery | \$0 |
| Emergency Room | \$0 |
| Urgent Care | \$0 |
| Ambulance | \$0 |
| Diagnostic Services (Lab and Images) | \$0 |
| Durable Medical Equipment | \$0 |
| Part B Rx | \$0 |

Highmark Medical Benefits

Benefit Design

| Medical Benefits | Freedom Blue PPO Member Pays |
|---|---|
| Inpatient or Outpatient facility coverage outside of the United States* | \$0 if urgent or emergent care and non urgent or emergent care |
| Outpatient professional services outside of the United States* | \$0 if urgent or emergent care. 80% for routine (non urgent or emergent care) |
| Private Duty Nursing <i>When inpatient in acute care hospital</i> | 20% of the allowable charges and 100% of charges after the 240-hour maximum is met. <i>Member cost sharing is excluded from the Out of Pocket Maximum.</i> |

*Services defined as coverable under Medicare policy guidelines within the United States

Even more **benefits** from **Highmark**:



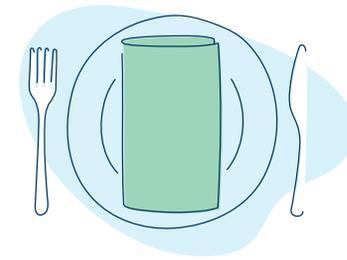
Clinical Care Team

Experts to help you manage your health.



Wellness Program

A wellness and rewards program tailored to your health and well-being.



Post-discharge Meals

Make your return from the hospital easier by having pre-made, frozen meals delivered directly to your doorstep — at no cost to you.*

*Post-discharge meal program covers two meals per day for 14 days.

The SilverSneakers Program



Exclusive Member Portal

The member portal provides fresh, relevant content around fitness, brain health, nutrition and more!



SilverSneakers On-Demand™

Follow-along videos and programs with various formats to support cardiovascular strength, endurance, flexibility and mental health



Live Interactive Classes

SilverSneakers LIVE™ classes and workshops are offered daily, and are focused of exercise and overall wellbeing



SilverSneakers GO™

This mobile app is the SilverSneakers on the go companion, providing exercise guidance that can be adjusted based on ability



Access to Nationwide Fitness Locations

A free fitness benefit with access to thousands of fitness locations nationwide¹



National Reciprocity

The ability to enroll at multiple locations at the same time – no limit to the number of locations where you participate



Signature SilverSneakers Classes

Proprietary programming for older adults to accommodate a wide range of physical activity interests and ability levels – even group activities and classes² offered outside the traditional fitness center setting



Social Connections

Social connectivity solutions where you can form genuine connections with other members

1. Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Access to Medicare Providers Nationally

- Freedom Blue PPO offers a large national network of contracted “In Network” Blue Cross Blue Shield Medicare Advantage PPO providers
- Members are not required to select a PCP (although it is highly encouraged)
- No referrals to see a specialist or other providers

Members can seek services nationally from:

- All in-network (contracted) BCBS Medicare Advantage PPO providers
- All Out-of-network (non contracted) providers that are eligible to participate in Medicare and accept the plan.
- To find a provider or confirm in-network providers, members can call your State of Delaware Medicare Advantage concierge service team

How does claims payment work if the provider is out-of-network?

Out of network providers are encourage to submit all claims to Highmark for payment of covered services.

- When out of State the provider would submit the claim to the local Blue Cross Blue Shield plan
- If the member is required to pay upfront, the member can submit the claim to Highmark for reimbursement of covered benefits.
- Balance billing is **NOT** allowed
 - Highmark will pay 100% of the Medicare allowed claims up to the Medicare limiting Amount if the provider does not accept Medicare Assignment

Is prior authorization for care or services required?

In some cases, yes. Not required for emergency care.

**Prior Authorizations for outpatient services are delayed until
May 1, 2023**

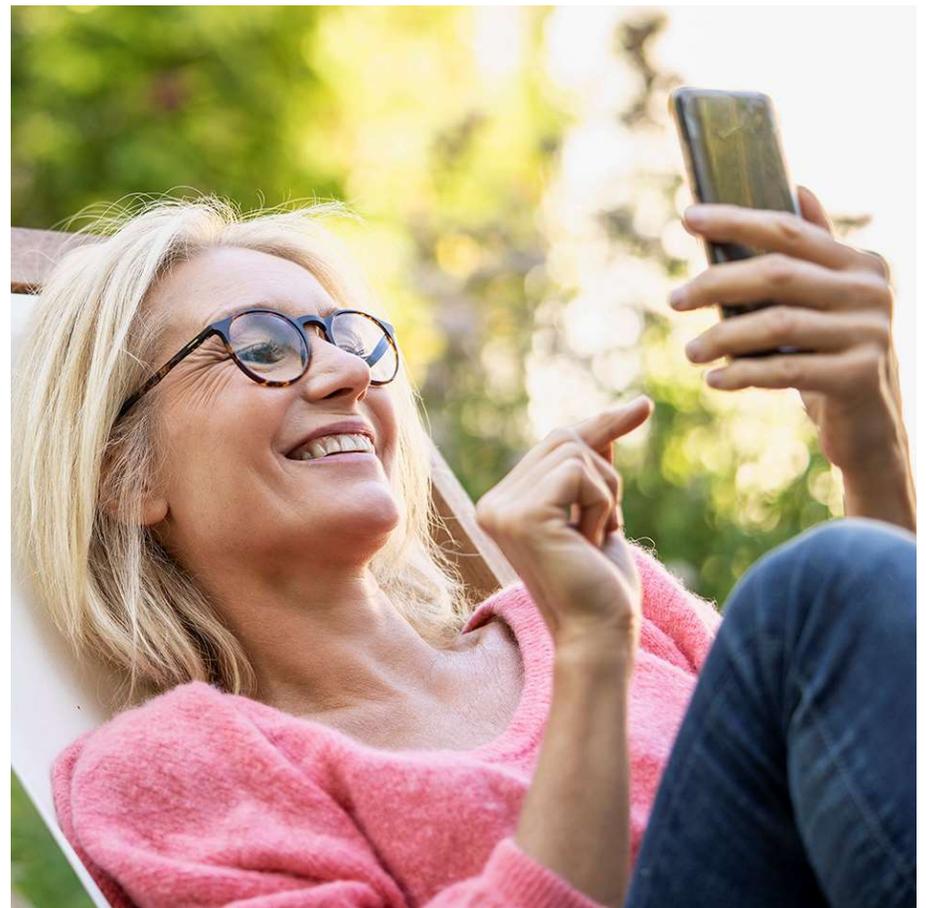
Prior Authorizations apply to certain services such as Inpatient Hospital Services, Skilled Nursing Facility Stays, and Advanced Images (e.g., CT/PET Scan).

- Medical Benefits Chart document list Benefit categories with an * that have a **“a service(s)”** that requires a prior authorization
- Contracted “In Network” providers are responsible to submit prior authorization to Highmark for approval.
- When seeking care from non-network providers members, ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary.

Freedom Blue PPO Concierge Service Team

If you have questions about Medicare or how your new Freedom Blue PPO Medicare Advantage plan works, call 1-888-328-2960, 8 a.m. - 8 p.m., seven days a week (TTY call 711)

- Addressing coverage/claims questions
- Assistance finding providers
- Confirm status of Prior Authorization
- Requests pre-visit coverage decision
- Assistance with scheduling appointments
- Medical record transfer support



Getting enrolled

What to **expect** and **when**



Thank you!

If you have questions about Medicare or how your new Freedom Blue PPO Medicare Advantage plan works, call 1-888-328-2960, 8 a.m. - 8 p.m., seven days a week (TTY call 711). Or visit DelawarePensions.com.

**With Highmark,
you're getting so
much more than
just Medicare.**

2022 Benefits Review Meeting

